INSTRUCTIONS

1. Complete a Privacy Language Decision Tree for each contract, MOA, MOU, procurement, etc ('agreements') and re-review with material agreement changes.
2. Check the appropriate box below for each question, then follow instructions as to what language is required.
3. Privacy Statements:
   - Most HHSA divisions have a standard, pre-approved privacy statement; check with your division's contract lead.
   - Some agreements may require a more detailed privacy statement, such as those that include out-stationed workers or student practicums. Again, many HHSA divisions already have one; check with your division's contract lead.
   - Sample Privacy Statement: "[Other Party] will comply with all applicable laws pertaining to privacy and security of Protected Information, such as, but not limited to, [insert relevant laws]."
   - Insert Privacy Statement under "Article 14" section of contract template or under confidentiality section of MOA/MOU.
4. Submit Decision Tree to Agency Compliance Office when asking for review of an agreement.
5. Keep copy of the Decision Tree in contract file.
6. See Agency Compliance Office Policy and Procedure L-23 for additional instruction and definitions.

QUESTIONS

QUESTION A: Will the other party have any access to any *Protected Information* regarding County clients?

☐ YES. Go to Question B.   ☐ NO. Stop. **No privacy language** is required.

☐ Check here if agreement is with an academic institution and pertains to placement of students, i.e. clinical practicum or internship, AND students will have access to County client information, but academic institution will not. You may NOT check this box if agreement also concerns research. If you check this box, skip Questions B-D and include detailed privacy statement.

QUESTION B: Will the *Protected Information* pertain to a State Agreement listed in Article 14, section 14.1?

☐ NO. Go to Question C.   ☐ YES. Stop here. **Article 14 is required.**

QUESTION C: Will the other party have access to *Protected Health Information* regarding County clients?

☐ YES. Go to Question D.   ☐ NO. Stop here. Article 14 is not required, but you need a **privacy statement**.

QUESTION D: Will the other party use *Protected Health Information* solely to provide health or medical treatment to County clients or is the other party a health plan that will use the *Protected Health Information* solely for payment?

☐ YES. Article 14 is not required, but you need a **privacy statement.**   ☐ NO. **Article 14 is required**.

Contract Number: Contractor:

Printed Name of Staff Completing Decision Tree:

Program/Division: Signature: